



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1779-MC-FFS-D

**DATE:** March 15, 2017

**TO:** Iowa Medicaid Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Service Providers

**APPLIES TO:** Managed Care, Fee-for-Service, and Dental

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** IA Health Link-Managed Care Wraparound Payments-Clarifications

**EFFECTIVE:** Immediately

**\*\*\*This letter replaces Informational Letter No. 1775-MC-FFS-D issued March 3, 2017\*\*\***

Informational Letter [1714-MC-FFS-D](#)<sup>1</sup> dated August 22, 2016, addressed IA Health Link Managed Care Wraparound Payments. This informational letter contains a compilation of previous information related to the process for wraparound payment requests.

### **Required Data for Fields in Wraparound Supporting Claims Detail (IME Form 470-5419):**

- 1) Patient Name: Medicaid member name in the following format "Last, First".
- 2) Medicaid ID#: Iowa Medicaid member ID Number (this is not the ID number issued by the MCO).
- 3) Date of Service: Date Medicaid member received services.
- 4) Paid Date: The date the claim was paid by the MCO.
- 5) CPT Code: CPT Codes billed on claim. If more than 10 CPT codes exist on claim, only the T1015 and subsequent 9 CPT codes need to be reported.
- 6) Amount Billed: The total amount billed by the provider.
- 7) Amount Paid by MCO: The amount paid to the provider by the MCO.
- 8) Amount Paid by Other Source: Amount paid on the claim by any payment source other than the MCO.
- 9) Claim Adjusted: Is this claim an adjustment to a previously processed claim. If so, place a "Y" in this column, otherwise leave blank.
- 10) Adjusted Claim Identifier: The paid date of the original claim needs to be included in this column.

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1714-MC-FFS-D\\_IAHealthLink-ManagedCareWraparoundPayments-UpdatedForms\\_Clarifications.pdf](https://dhs.iowa.gov/sites/default/files/1714-MC-FFS-D_IAHealthLink-ManagedCareWraparoundPayments-UpdatedForms_Clarifications.pdf)

### **What to Include/Exclude in Quarterly Claims Information to Providers:**

- 1) Only Iowa Medicaid Title XIX and Wellness services are eligible for wraparound payment.
- 2) Only include claims paid during the applicable time period (calendar quarter).
- 3) Only include claims where the FQHC/RHC billed using the T1015 encounter code.
- 4) In order to be included, the claim must be considered paid correctly by the MCO.
- 5) Exclude the following:
  - a. **hawk-i** Funded Services
  - b. Dates of service where the recipient was not covered by Iowa Medicaid.
  - c. Interest Payments
  - d. Health Home Payments
  - e. Zero pay claims when Medicaid is primary payer
  - f. Medicare Crossovers claims
- 6) Example Scenarios: see attached document detailing scenarios of when to include/exclude claims from the wraparound payment request.

### **Quarterly Submission of Wraparound Requests:**

- 1) Wraparound Requests are due to Iowa Medicaid no later than 60 days past the quarter end.
- 2) If a provider is experiencing an extenuating circumstance that prevents timely submission, the provider needs to email Iowa Medicaid Provider Cost Audit (PCA) at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us) and PCA will work with the provider on a late submission. Provided communication with PCA, wraparound requests will be accepted as long as the request is received no later than the date the Medicaid Cost Report is filed for that applicable time period. Medicaid Cost Reports are due five months following the provider's fiscal year end.
- 3) Wraparound Request Forms are as follows:
  - a. Form 470-3495: Managed Care Wraparound Payment Request
  - b. Form 470-5210: Dental Wellness Plan Wraparound Request
  - c. Form 470-5419: Wraparound Supporting Claims Detail
- 4) Quarterly, there should be a separate wraparound request form submitted for the MCO that the provider works with. Each request needs to be accompanied by the supporting claims detail using Form 470-5419.
- 5) Wraparound requests need to be submitted using secure email that meets appropriate encryption protocols to [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us). The IME is working on functionality within the Iowa Medicaid Portal Access (IMPA) system for providers to be able to upload the wraparound request document securely. We anticipate this functionality being available on or around March 24, 2017.

If you have any questions, please contact the IME Provider Cost Audit Unit at 1-866-863- 8610, locally in Des Moines at 515-256-4610, or by email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).